

# MEMBERSHIP ENROLLMENT

## FSNB Identity Theft Insurance Agreement

Account Name: \_\_\_\_\_ ACCT #: \_\_\_\_\_

Joint Acct Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

I acknowledge receipt of program membership materials and all insurance disclosures. I agree to the terms of the insurance coverage, other services, any applicable monthly membership dues, and any announced changes in fees or services. This program includes Identity Theft Insurance as described in the Benefit Summary certificate.

**ACCOUNT SIGNATURE** \_\_\_\_\_

\*\*See below for important information before signing. Only one Joint Account owner must sign.

Enrollment Date: \_\_\_\_\_

CSR: \_\_\_\_\_ Branch: \_\_\_\_\_

\*\*\*\*\*

## Membership Enrollment Agreement

### Keep a copy of this Agreement

Your membership and all benefits offered therein will become effective when this membership agreement is signed and presented to FSNB. Unless you discontinue your membership, it will automatically continue for the applicable monthly fee, debited from your checking account by FSNB. If you decide at any time for any reason not to continue, your membership may be terminated by any co-owner of the checking account by calling 1-800-749-4583 or visiting your local branch. As the signer of this membership enrollment, you and any co-owner(s) of your account are enrolled as members of Financial Services Association (FSA). Your membership benefits, including the insurance, will end on the first day of the month following failure to pay any required monthly dues or termination of either your membership or the policy. Your coverage is subject to the terms and conditions of the policy which details exclusions, limitations and reductions of benefits. You will receive a detailed certificate in your membership kit.

By signing above, you authorize FSNB to debit your checking account for your monthly membership dues. A portion of the monthly membership dues, if applicable, will be used to pay your insurance premium to the plan administrator. This Agreement is the property of FSA. You agree to any applicable monthly membership dues and any announced changes in fees or services.

**Insurance Disclosure: The insurance offered is not a deposit, not FDIC insured, not an obligation of or guaranteed by the Financial Institution or an affiliate, and not insured by an agency of the U.S.**